

CLAIMS ONLY

Application Number

10/517,090

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/		/		/		51					
2		/		/		/	52					
3		/		/		/	53					
4		/		/		/	54					
5		/		/		/	55					
6		/		/		/	56					
7		/		/		/	57					
8		/		/		/	58					
9		/		/		/	59					
10		/		/		/	60					
11		/		/		/	61					
12		/		/		/	62					
13	/		/		/		63					
14		/		/		/	64					
15		/		/		/	65					
16		/		/		/	66					
17		/		/		/	67					
18		/		/		/	68					
19		/		/		/	69					
20		/		/		/	70					
21		/		/		/	71					
22		/		/		/	72					
23		/		/		/	73					
24		/		/		/	74					
25	/		/		/		75					
26		/		/		/	76					
27		/		/		/	77					
28		/		/		/	78					
29		/		/		/	79					
30		/		/		/	80					
31		/		/		/	81					
32		/		/		/	82					
33		/		/		/	83					
34		/		/		/	84					
35		/		/		/	85					
36		/		/		/	86					
37	/		/		/		87					
38		/		/		/	88					
39		/		/		/	89					
40		/		/		/	90					
41		/		/		/	91					
42		/		/		/	92					
43		/		/		/	93					
44		/		/		/	94					
45		/		/		/	95					
46		/		/		/	96					
47		/		/		/	97					
48		/		/		/	98					
49		/		/		/	99					
50		/		/		/	100					
Total Indep	4		4		4		Total Indep					
Total Depend	43		39		39		Total Depend					
Total Claims	47		43		43		Total Claims					